

**City of Anaheim VantageCare Retirement Health Savings (RHS) Plan
Spouse, Covered Dependent, and Beneficiary Designation Form (page 2)**

Account Holder Name (Last, First and Middle Initial)

Social Security Number

4 Non-Dependent Children

Additional non-dependent children on attached sheet

Name _____
SSN _____ - _____ - _____ DOB ____/____/_____
Month Day Year
Full Address _____
Phone Number _____ - _____ - _____
Area Code

Name _____
SSN _____ - _____ - _____ DOB ____/____/_____
Month Day Year
Full Address _____
Phone Number _____ - _____ - _____
Area Code

Name _____
SSN _____ - _____ - _____ DOB ____/____/_____
Month Day Year
Full Address _____
Phone Number _____ - _____ - _____
Area Code

5 Beneficiary Designation

Primary Beneficiary(ies)* -- Use whole percentages only

Additional primary beneficiaries on attached sheet

Name _____ % of Benefits _____
SSN _____ - _____ - _____ DOB ____/____/_____
Month Day Year
Full Address _____
Phone Number _____ - _____ - _____
Area Code

Name _____ % of Benefits _____
SSN _____ - _____ - _____ DOB ____/____/_____
Month Day Year
Full Address _____
Phone Number _____ - _____ - _____
Area Code

Name _____ % of Benefits _____
SSN _____ - _____ - _____ DOB ____/____/_____
Month Day Year
Full Address _____
Phone Number _____ - _____ - _____
Area Code

* Community Property States: Designation of an individual other than your spouse does not result in waiver of spousal rights to your account upon your death. The designated beneficiary(ies) will receive access to your account only if you are not survived by your spouse or any dependents.



City of Anaheim VantageCare Retirement Health Savings (RHS) Plan Spouse, Covered Dependent, and Beneficiary Designation Form (page 3)

Account Holder Name (Last, First and Middle Initial)

Social Security Number

5 (cont.) Contingent Beneficiary(ies) (RHS benefits will be paid to a Contingent Beneficiary only if NO primary beneficiary lives longer than you.)

Use whole percentages only.

Additional contingent beneficiaries on attached sheet

Name _____ % of Benefits _____
SSN _____ - _____ - _____ DOB ____/____/____
Month Day Year

Full Address _____
Phone Number ____-____-_____
Area Code

Name _____ % of Benefits _____
SSN _____ - _____ - _____ DOB ____/____/____
Month Day Year

Full Address _____
Phone Number ____-____-_____
Area Code

Name _____ % of Benefits _____
SSN _____ - _____ - _____ DOB ____/____/____
Month Day Year

Full Address _____
Phone Number ____-____-_____
Area Code

6 Authorized Signature

I acknowledge that I have read the instructions for the *City of Anaheim VantageCare RHS Plan Beneficiary Designation Form*. I acknowledge that I have received and read the current Vantagepoint Funds Prospectus prior to investing in any funds. I understand that the ICMA Retirement Corporation has established required procedures for telephone and Internet transfers that include personal identification numbers, recording instructions, and written confirmations. In the event I choose to transfer funds by telephone or Internet, I agree that neither the City of Anaheim, ICMA Retirement Corporation, nor ICMA-RC Services, LLC, will be liable for any loss, cost, or expense for acting upon any telephone or Internet instructions believed by it to be genuine and in accordance with the required procedures.

As a resident of a community state, I understand that designation of an individual other than my spouse as beneficiary does not result in waiver of spousal rights to my account upon my death. The designated beneficiary(ies) will receive access to my account only if I am not survived by my spouse, dependents or non-dependents children.

I further understand that failure to designate a beneficiary may result in forfeiture of my account balance upon my death, if I am not survived by my spouse, dependents or non-dependent children.

Participant Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN TO

The City of Anaheim, City Treasurer's Office, 201 S. Anaheim Blvd. #901, Anaheim, CA 92805



City of Anaheim VantageCare Retirement Health Savings (RHS) Plan Spouse, Covered Dependent, and Beneficiary Designation Form – Instructions

Complete this form to supply ICMA-RC with information on your spouse, dependents, non-dependent children, and beneficiary(ies) for your VantageCare Retirement Health Savings (RHS) Plan. Subsequent changes in your designation can be provided to your ICMA-RC on a newly completed *City of Anaheim VantageCare Retirement Health Savings (RHS) Plan Spouse, Covered Dependent, and Beneficiary Designation Form*.

In order for ICMA-RC to process your RHS benefits efficiently, please complete this form accurately and clearly and **return it to the City of Anaheim, City Treasurer's Office, 201 S. Anaheim Blvd. #901, Anaheim, CA 92805.**

Please be sure to keep a copy for your records of all forms you submit.

1. Essential Information

Please complete this section carefully. The information you submit will be used to identify your account. The employer plan number is available from your most recent quarterly statement.

2, 3 and 4. Spouse, Dependents, and Non-Dependent Children

- Upon your death, your surviving spouse and dependents will remain eligible to use your account on a tax-free basis for medical expense reimbursements.
- If you die without a spouse or dependent, your non-dependent (e.g., adult) children will be eligible to use the account on a taxable basis for medical expense reimbursements.

Complete sections 2, 3, and 4 accurately to ensure that benefits are paid to the correct individuals upon your death.

5. Beneficiary Designation

The beneficiaries you designate on this form will not be eligible to use the RHS account balance unless you die without a spouse, dependents, or non-dependent children. However, if there are no surviving spouse, dependents or non-dependent children upon your death, the beneficiary(ies) you designate on this form will be eligible to use your account on a taxable basis for their medical expenses.

If you die without a surviving spouse, dependent(s), or non-dependent children, and if you have not designated a valid beneficiary, your account will revert to your employer's RHS Plan. It is important that you complete this form to designate your beneficiary(ies) and keep your designation up to date as your circumstances change.

Your designated beneficiary(ies) should be an individual(s). Do not name a trust, your estate, or another organization as your beneficiary, as these entities will not be able to use your account for medical expenses. If you name multiple beneficiaries, specify the percentage of your account to be allocated to each individual using whole percentages (34%, not 33-1/3%).

Note: Because your spouse and dependents or non-dependent children are automatically eligible to use the account for medical expenses after your death, you should name someone other than your spouse, dependents, or non-dependent children as your beneficiary(ies). The beneficiary(ies) will only receive the account if there are no surviving spouse, dependents, or non-dependent children.

If you need to designate additional primary and/or contingent beneficiaries, please do so on a separate sheet of paper.



**City of Anaheim VantageCare Retirement Health Savings (RHS) Plan
Spouse, Covered Dependent, and Beneficiary Designation Form – Instructions (page 2)**

As a resident of a community property state your designation of a beneficiary other than your spouse does not constitute a waiver of your spouse's rights to your account. The designated beneficiary(ies) will only be able to use the account if you are not survived by your spouse, dependents, or non-dependent children.

6. Authorized Signature

Once you have completed this form, sign it, make a copy for your records and **submit it to the City Treasurer's Office.**